



## CDL Vision Exemption

Provide all of the requested information.

### Part 1: Vital Statistics

Full Name (Last, First, Middle)				
Mailing Address				
City		State	Zip Code	Telephone Number
Driver's License Number	Issue Date	Expiration Date	License Class (Type of vehicles that may be operated if non-CDL license)	

### Part 2: Experience

- Number of years driving straight trucks: \_\_\_\_\_
- Approximate number of miles per year driving straight trucks: \_\_\_\_\_
- Number of year driving tractor-trailer combinations: \_\_\_\_\_
- Approximate number of miles per year driving tractor-trailer combinations: \_\_\_\_\_
- Number of years driving buses: \_\_\_\_\_
- Approximate number of miles per year driving buses: \_\_\_\_\_

### Part 3: Present Employment

Employer's Name					
Employers Address		City	State	Zip Code	
Employer's Telephone Number		Type of Vehicle Operated			GVWR
Estimated Number of Miles Driven Per Week		Estimated Number of Daylight Driving Hours Per Week		Estimated Number of Nighttime Driving Hours Per Week	

Exemption Continued on Reverse



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### Part 4: Supporting Documentation

Your exemption application must be accompanied by the following supporting documents:

- A photo copy of both sides of your current driver's license (CDL or non-CDL).
- Documentation that you have been examined by an ophthalmologist or an optometrist in the last 3 months. This documentation can be a signed statement on letterhead by the ophthalmologist or optometrist and **must**:
  - Identify and define the nature of the vision deficiency, including how long you have had the deficiency;
  - States the date of the examination;
  - Certifies that the visual deficiency is stable;
  - Identifies the field of vision for each eye, including central and peripheral fields, testing to at least 120° in the horizontal. (Formal perimetry is required. The doctor must submit the formal perimetry for each eye and interpret the results in degrees of field of vision); and
  - Certify that in his/her medical opinion, you have sufficient vision to perform the driving tasks required to operate a **commercial** vehicle
- DDS will obtain your 3 year Motor Vehicle Record (driving record). **Your application will only be considered if the driving record:**
  - Contains no suspensions or revocations of your driver's license for the operation of any motor vehicle (including your personal vehicle);
  - Contains no involvement in an accident for which you contributed or received a citation for a moving traffic violation;
  - Contains no convictions for a disqualifying offense, as defined in 49CFR383.51(b)(2), or more than one serious traffic violation, as defined in 49 CFR 383.5, while driving a CMV during the 3 year period, which disqualified or should have disqualified you in accordance with the driver qualification provisions of 49 CFR 383.51;
  - Contains no more than two convictions for any other moving traffic violations

### Part 5: Self Certification

**"I acknowledge that I must be otherwise qualified under 49 CFR 391.41(b)(1-13) or hold another valid medical exemption before I can legally operate a commercial motor vehicle."**

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**Signature**

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**Date**